

CLAIMS ONLY

Application Number _____

09750858

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 15 | | 15 | | | |
| Total Depend | 16 | | 16 | | | |
| Total Claims | 31 | | 31 | | | |

may be used for additional claims or amendments

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